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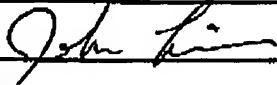
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Total Number of Pages in This Submission	6	Attorney Docket Number	420229
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ENCLOSURES (check all that apply)

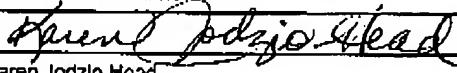
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Comments on Statement Of Reasons For Allowance Certificate of Facsimile Facsimile Cover Sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	LATHROP & GAGE LC		
Signature			
Printed Name	John Linderman		
Date	August 18, 2006	Reg. No.	54,273

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Typed or printed name	Karen Jodzio-Head
Date	August 18, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT

Attorney Docket No.: 420229
Facsimile Number: (571) 273-2885

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Edward Raymond Dowski, Jr., et al | Confirmation No.: 6078

Serial No.: 10/813,993 | Group No.: 2624

Filed: March 31, 2004 | Examiner: Sheela C. Chawan

For: System And Methods For
Minimizing Aberrating Effects In
Imaging Systems

Mail Stop Issue Fee
 Commissioner For Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE

Sir:

The Examiner has cited reasons for allowance in this application in connection with the Notice of Allowance mailed May 18, 2006. It appears the Examiner's reasons for allowance do not recite the exact language of the claims. We wish to point out that the exact language of these claims is the best recitation supporting the reasons for allowance.

Further, Applicant wishes to point out that there are additional reasons for allowance, including features of independent and dependent claims not specifically referenced in the Notice of Allowance.

Respectfully submitted,

By:


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CERTIFICATE OF FACSIMILE TRANSMISSION 37 CFR 1.8			Matter No.
Applicant(s): Edward Raymond Dowski, Jr., et al.			420229
Serial No.	Filing Date	Examiner	Group Art Unit
10/813,993	March 31, 2004	Sheela C. Chawan	2624
Invention Systems And Methods For Minimizing Aberrating Effects In Imaging Systems			
<p>I hereby certify that the following: Facsimile Cover Sheet (1 page); Transmittal Form (1 page); Issue Fee Transmittal (1 page in duplicate); Comments on Statement of Reasons For Allowance (page); authorization to charge Deposit Account No. 12-0600 in the amount of \$1,000.00 (\$700 for the issue fee and \$300 for the publication fee); authorization to charge additional fees that may be required, or credit any overpayment, to Deposit Account No. 12-0600; are being sent via facsimile transmission to Mail Stop: Issue Fee, c/o the Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 18th day of August, 2006</p>			
<u>Karen Jodzio-Head</u> <small>Name of Transmitter</small>			
 <small>Signature of Transmitter</small>			
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